PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004									101537,357			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
U.	S. NATIONAL	STAGE FEES					1	RATE	FEE		RATE	FEE
ВА	SIC FEE		SMALL	SMALL ENT. = \$ 150 L		r. = \$ 300		BASIC FEE		OR	BASIC FEE	300
ΕX	AMINATION F	EE		Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		ations = 200		EXAM. FEE		1	EXAM. FEE	200
SE	ARCH FEE		ALL other	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		ations = 500		SEARCH FEE			SEARCH FEE	400
FEI	E FOR EXTRA	SPEC. PGS.	·	minus 100 =		=		X \$ 125 =			X \$ 250 =	7
то	TAL CHARGE	ABLE CLAIMS	15	15 minus 20 = .		•		X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT C	LAIMS	3	minus 3 =	•	•		X \$ 100 =		OR	X \$ 200 =	
MU	LTIPLE DEPE				+ \$ 180 =		OR	+ \$ 360 =	<i>/</i>			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A	(15)	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER PRI	ESENT XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1. 15	Minus	" 2	0 = 0	0		X \$ 25 =		OR	X \$ 50 =	
	Independent	. 3	Minus	··· 3	- C			X \$ 100 =		OR	X'\$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
						-	_	FEE		OR	TOTAL ADDIT. FEE	
٠		(Ostrona 4)		(Calum	- 2) (Cali	umn 3)						
8		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIOU PAID F	ST ER PRE JSLY EX	SENT CTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMENT	Total	•	Minus	**	=			X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***	=			X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =		
1							Ī	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
					•			6	•		-	
• .	d the entering of	d in lace were w			ech man 3							
** (f the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Poli	for IN THIS	SPACE is less t	han '20', enter "							
		mber Previously Paid ober Previously Paid					n the a	appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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